## **NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A**

Type or Print Clearly					
Full Name Clarence	E. Bourassa	Work Address	8 Bettys Lone		
Primary Occupation Re	tired Attorney	e-mail *optional		Work Phone GC	3 226-029,
Name(s) of office, appointment employment with government	New Motor 1	lehicle Arbit	ration Board		
proprietor, or employee, or se	ss, and type of any profession, be rved in any other professional o ment benefits other than federal re	r advisory capacity, and fro	n in which you or a family ment m which any income in excess of efits shall be included.		ctor, associate, partner,
1.		·		MAR 25 200	3
2				IEW HAMPS RETARY OF	
3.					
If you have no qualifying incom	e indicate by writing your initials	next to the following statem	ent. My income does not qua	lify C&	B
discipline a licensee or permitte financial effect on you or a fami	ee, or other decision by governme ily member than it would on the	nt affecting the listed busine general public	rule, a decision whether or not to ess, profession, occupation, group, ampshire. List each such profession	or matter would pote	entially have a greater
2. Health Care [ 3. li	ngumne II	e, including brokers, lopers, and landlords	5. Banking or financial services	6. State of Nev	r Hampshire, county, or coment
7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/ lodging	10. Sale and distribut beverages	ion of alcholic	11. Practice of law
12. Any business regulate Utilities Commission	-	Horse or dog racing, or other mbling	legal forms 14. Education	15. Water Re	sources
16. Agriculture	17. N.H. Business Profits Tax		erest and 18. Optional: Sidends Tax special interes	pecify any other area	in which you have a
RSA 15-A:7 Penalty. Any personal be an absolute defense in RSA 21-G:30, I(c).	on who knowingly fails to comply	with the provisions of this d er that the person acted in re	proplete to the best of my knowled hapter or knowingly files a false stabliance upon an advisory opinion of Bourassa Bourassa Botton dividual Date	itement shall be guilt in the subject issued i	
		Signature of Reporting I	ndividual Date	<del>/ -</del> /	